

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-018786

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 381 Primary Registration District No. 4515 Registrar's No. 42

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 1050

2 1050

3

4 0

5 1

6

7 0

8 2

9 9020

10 21

11 105

12 1-2

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED APR 29 1963

1. PLACE OF DEATH a. COUNTY <u>SULLIVAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>SULLIVAN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MILAN</u>		c. CITY OR TOWN <u>MILAN</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>SULLIVAN CO MEMORIAL HOSPITAL</u>		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last <u>WILLIAM RALPH COCHRAN</u>		4. DATE OF DEATH Month Day Year <u>APRIL 22 1963</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov 27 1882</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BOOKKEEPER-ACCOUNTANT</u>		11. BIRTHPLACE (City and state or country) <u>SULLIVAN Co MO</u>	
13a. FATHER'S NAME <u>ROBERT H COCHRAN</u>		14. NAME OF HUSBAND OR WIFE <u>BERTHA COCHRAN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Perchard accident</u> DUE TO (b) <u>Sensitivity</u> DUE TO (c) <u>Fracture R. femur</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 da</u> <u>21 da</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Rolled out of bed -</u>	
20c. TIME OF INJURY - Hour (Month, Day, Year) <u>4-1-63</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		20f. CITY, TOWN, OR LOCATION <u>Milan Sullivan MO</u>	
21. I attended the deceased from <u>4-1-63</u> to <u>4-22-63</u> and last saw her alive on <u>4-22-63</u> Death occurred at <u>11:30 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Edw. J. Simpson</u>	
22b. ADDRESS <u>Milan</u>		22c. DATE SIGNED <u>4-25-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	23b. DATE <u>4-27-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Illwaco</u>	23d. LOCATION (City, town, or county) (State) <u>Kirkville MO</u>
24. FUNERAL DIRECTOR <u>Legg Funeral Home</u>	25. DATE RECD. BY LOCAL REG. <u>4-26-63</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. M.W. Beckett</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

MAY 1 1963

MAY 2 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Licensed Embalmer No. 3292

P. O. Address Mpls Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.